

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/1502,714 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3							53						
4	/						54						
5		4					55						
6	①						56						
7	①						57						
8	①						58						
9	①						59						
10	①						60						
11	①						61						
12	①						62						
13	①						63						
14	①						64						
15	/						65						
16	/						66						
17	/						67						
18	/						68						
19		4					69						
20	/						70						
21	/						71						
22	/						72						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	↓			↓					↓			
TOTAL DEP.	16	←			←					←			
TOTAL CLAIMS	19	██████████			██████████					██████████			